



# PAGE MAKER



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NAVAL REGIONAL MEDICAL CENTER, CHARLESTON, S. C.

SEPT.-OCT., 1975

## C.O.'s Message: Navy Day 1975



Capt. E. B. McMahon, MC, USN.

The theme for the celebration of the U. S. Navy's 200th birthday, "Building on a Proud Tradition," is appropriate for the entire Navy, but it is especially fitting for the Medical Department.

Since 1775, when Doctor Joseph Harrison went to sea on board ALFRED where John Paul Jones, her First Lieutenant, hoisted the first American flag to be flown on an American ship of war, members of the Medical Department have accompanied the Navy and Marine Corps afloat and ashore, in war and peace, in the most modern hospitals and on the most primitive battlefields. We are particularly proud of the Hospital Corpsmen who in all conflicts have received per capita more awards for bravery, including the Medal of Honor, than any other single group.

Members of the Medical Department have made innumerable contributions to the nation and medicine as well as to the Navy and shall continue to do so in the future. We may look back with pride on our past accomplishments and build on this foundation as we face the problems and challenges of the future.

— Capt. E. B. McMahon, MC, USN

## Ens Arthur D. Williams Commissioned



Arthur David Williams Jr. (HM1), Medical Photographer at NRMHC, Charleston, was commissioned Ensign in the Medical Service Corps at ceremonies held in the main conference room on 26 August 1975.

Ensign Williams enlisted as Seaman in February of 1968, and graduated from Hospital Corps school in September of that year. As an enlisted man, Ensign Williams has seen duty stations all over the world: he was stationed at the Naval Hospital at Camp Lejeune until October 1969; from there he was assigned to the 2nd Battalion, 5th Regiment, 1st Marine Division which conducted combat operations in the area of DaNang, Vietnam; he was assigned to the Dispensary NRMHC Branch Clinic Oceana in February 1972, and it was here that he reenlisted and



In 1775, our forefathers, who had crossed the ocean in search of freedom, banded together as 13 colonies and established the United States Navy. From this beginning, the Navy is linked in spirit and tradition to each of the 50 states that now form our Union.

The 13 stars of the Navy's 200th Birthday insignia represent the 13 original colonies whose Continental Congress formed the Navy. Fifty links on the chain represent the modern states; and the anchor recalls the strength and bravery of mankind inspired by the sea.

began to seriously consider applying for the Medical Service Corps. From the NRMHC Branch Clinic Ensign Williams was sent to the Medical Photography Technique School at Bethesda, Maryland. It was from this school that he was assigned to the NRMHC, Charleston, South Carolina in May of 1973. Ensign Williams began taking the college courses required by the MSC program, and began application for the program in July 1974. He received notification of selection for inservice procurement for the Medical Service Corps in May 1975.

Ensign Williams left NRMHC, Charleston early this month for orientation school at the Naval School for Health Care Administration at Bethesda, Maryland for three weeks of training. Following this school he will be assigned to the N.R.M.C., Jacksonville, Florida.

## Lt. Pamela Hall, Navy Physician

Lt. Pamela Hall attended Emory University Medical School in Atlanta, and transferred to Charleston's medical school when her husband, LCDR Arthur Hall, was assigned to the N.R.M.C., Charleston's Family Practice residency program. Upon graduation, Lt. Hall considered the advantages and benefits offered by the Navy and decided to accept a commission. She was given her first choice for duty here with her husband in the Family Practice program. As Lt. Hall put it, "We at that time had one little girl to support and my husband was in the Navy; I checked out the Family Practice program offered here and felt very good about it. I also found that the salary I would be earning in the Navy far surpassed

anything I could earn in a residency program outside of the Navy." Lt. Hall then pointed to a photograph of her children and stated, "Being able to maintain a stable family-life and to continue my education program are the two biggest reasons I chose to join."

Lt. Hall went on to express her views on the changes she has noticed within the Navy in relation to women's roles in the armed services: "The Navy is putting women in positions that until now were held only by males. There have always been women in the Nurse Corps and Hospital Corps Waves have always had an important place in the Navy. Now the Navy has 32 female physicians, and I understand there are a number of women now assigned to ships."

Concerning her marriage, Lt. Hall stated, "We have had no trouble being assigned together. The Navy has been most helpful concerning our duty station. We have two more years of active duty to complete before we decide whether or not to make the Navy a career. The Navy's Family Practice program has so many characteristics and different, unique ways of being implemented, and yet we have been given glimpses of these different programs and told about all our options and choices. We have been helped in every way to make an intelligent, informed decision. I joined the Navy outright, not on an education program. I like the Family Practice program here. It's a very high quality program, in my opinion. The financial rewards, the different benefits that the Navy offers one do add up to a substantial increase to what one would get on the outside." Lt. Hall pointed out another photo of her children and added, "To a young family, that's important." Lt. Pamela Hall... building on a proud tradition.

## Ltjg Jesse H. Vasquez, Assistant Fiscal Officer

Ltjg Vasquez personifies the theme, "Building On A Proud Tradition". He enlisted in 1956 and worked his way up through the enlisted ranks to Chief Hospital Corpsman. He was commissioned as an MSC Officer in 1972 and assigned here at NRMHC, Charleston in August of that year.

During his Naval career, Ltjg Vasquez has had many varied experiences, including recruiting duty for two years in his hometown of San Antonio, Texas. He has proven himself to be a real "go-getter", in that he worked hard part time to get his degree in Business Administration. He is presently working on his masters degree.

Ltjg Vasquez discussed the idea of how the Navy brings together so many people of differing heritages to work towards the common goals of the Navy. Mentioning the Navy's celebration of "National Hispanic Heritage Week" from 14 to 20 September (in commemoration of the contributions of the Mexican-American people to the American culture), Ltjg Vasquez discussed the characteristics of the Mexican people, what he feels they have contributed, and exactly what he tries to do to increase understanding between people: "At the risk of generalizing, I believe the Mexican culture is a warm, vibrant, alive culture, and that it is typical of people of Hispanic descent to be warm and open with others. There have been several interesting assignments here at NRMHC Charleston that my ethnic background has helped me perform. At one time I assisted a medical delegation from the Ecuadorian Government, acting as one of the co-hosts. I was able to converse with them easily. I acted in the same capacity with a Brazilian Navy Delegation. I would like to get involved to promote further community



understanding of the Hispanic heritage in Charleston, South Carolina. To that end, I and several friends of Hispanic descent held a picnic to bring together Hispanic peoples of the Charleston area and recently have addressed a church group here in Charleston that expressed interest in this subject... so on my own time I have been trying to build a bridge of understanding. I dislike it when people are labeled by their color. It seems as if society in general has labeled you white, him black, the other one yellow, and so on. Wouldn't it be beautiful if people could accept each other simply as their fellow Americans? When I am asked, 'Are you Spanish?' I reply, 'No, I'm an American of Mexican descent' - despite the fact it's in vogue to say, 'I'm Mexican American'. The word 'Chicano' is in vogue also. I shy away from this as it connotes militancy. Generating understanding and self improvement will get you there quicker. The Navy's the greatest thing that ever happened to me. I firmly believe anyone can 'make-it' in the Navy. I see it as a two-way street: if a guy applies himself, works hard, he can't help but succeed. The Navy's that type of organization. I believe this applies to one's performance evaluation: I feel that marks aren't given... they're earned. It's a two-way street, man, it really is. And it's great." Ltjg Jesse H. Vasquez... building on a proud tradition.

## HM2 Terry Hatcher, Physicians'Aide-Screener



reenlisted for six years under the Star program and will be attending the Medical Service Technical School. He has already begun to take the necessary college courses that will increase his preparedness for the Physician's Assistant program, a nine month regimen.

When asked for his personal views on the Navy as it's affected his life, Hatcher responded, "The Navy's a place for great opportunity. You get out of it what you put into it. If you apply yourself you will get whatever you want... I believe that. I've gotten a lot out of the Navy. I intend on getting more, too; I intend on making the Navy a career and I intend on being an officer in the U. S. Navy one day. That's my goal."

"It's amazing to me that the need for a sea-force is as strong today as it was 200 years ago, when we were just starting out as a nation. I believe it will always be that way. We're number one. We're going to stay there." HM2 O. Terry Hatcher is helping people in his work. He is also building on (and adding to) a proud tradition.

HM2 Hatcher arrived at the Naval Hospital, Charleston three years ago. When the change was made to the new hospital, N.R.M.C. Charleston, HM2 Hatcher was first assigned to the Pediatric Clinic. He later applied for and was accepted into the hospital's Physician Aide-Screener program and began working in the General Practice Clinic where he works today. He hails from Cordova, North Carolina and attended both Boot Camp and Hospital Corps School at Great Lakes.

His year and a half experience as a Screener has led him to apply for the Navy's Physician's Assistant School in February of this year. Although he was not selected this year, he states he will most definitely try again with all confidence. He recently



# THE PACEMAKER

## NAVAL REGIONAL MEDICAL CENTER, CHARLESTON, S.C.

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## Opinion: The Man In The Corridor

It has been a policy with previous editors of the Pacemaker to devote a page of the paper to interviews with staff personnel on important, topical issues. Lately, many service people have realized the truth in the statement, "I never discuss politics, religious, or the new Navy enlisted uniform changes". There seem to be as many opinions as there are Navy personnel. The following opinions reflect the divergent views of a small section of N.R.M.C. staff personnel on positive and negative aspects of the new Navy enlisted uniform changes:

**HMCS R. "Buck" Rogers:** "I prefer the old uniforms. Why? They're part of the Naval tradition. As far as I know there has been a Navy uniform with back flap and bell bottoms since the Navy began. I've worn the bellbottoms right up to when I became Chief. These new uniforms will probably be around for quite a while, until another board decides it wants another change."

**WO2 M. Hardy:** "I think the new fabrics look a lot better than the frayed bell bottoms. It would have been nice to have kept the bell bottoms, if that could have been done. That was a smart-looking uniform... but it wasn't kept up very well in the majority of cases I saw. The straight-leg uniforms are going to make the Navy-man less conspicuous."

**HMC M. D. Lucas (Training & Education):** "This is strictly my opinion, but I feel it was a mistake. An old tradition has been broken. This tradition has attracted and inspired so many good Navy people. The uniform has been around as long as there has been a Navy. The loss of this uniform, I believe, will have a bigger impact on the Navy than any other single action which could have been taken; I don't believe any other change, haircut

length, etc., will affect the Navy as much."

**Mrs. Bette Simpson:** "I just don't like the way they look. I don't know the reason behind the change, or if it's more comfortable to wear and easier to maintain. I just don't like the way they look."

**LCDR Hickey:** "I'm all for the change, and I don't give much attention to the argument for tradition. I didn't think I would like it, but I do. The daily work uniform, the one you're wearing, looks good. The old uniform was always so hot and itchy... it looked good, but who wants to unbutton all those buttons all the time? Seriously, I think the change is good, and I'm looking forward to the final changes that will complete the switch-over."

**HN M. Mynatt:** "The new uniform is a lot less comfortable and a lot less stylish in my opinion. It's also a lot harder to maintain, and you feel like a penguin. The old blues didn't seem to show dirt as quickly. My Dad has a set of 'Old Blues'. I'd love to own a set. They were warm in the winter! That back flap was beautiful. And I agree with the tradition aspect of the argument. People knew you were in the Navy. In my opinion, the only good thing about the new uniform is that they've kept the old 'P-Coat'."

**HM2 W. Neville:** "I plead the 5th. Seriously, they're a little more comfortable. I think they're also cheaper to maintain (you only maintain one uniform now, instead of three). The only thing I don't like is, of course, the initial expense of getting the new uniforms."

**Mrs. D. Bowman (Clerk-typist, G. P. Clinic):** "I think most older men, below Chief, prefer the new uniforms... they probably feel more at ease in them. The old uniform appealed to younger men, and tended (I think) to make older men feel like little 'sailor-boys'. Of course, you can't please everybody."

## Senate Subcommittee Hearings On Marijuana Epidemic Brings New Facts To Light

(1st of Two Articles)  
 (From Congressional Record, Thursday, October 3, 1975)

Hearings were conducted by the Internal Security Subcommittee on the Judiciary in May and June of 1974. Senator Eastland's introduction to the hearings (printed in the Congressional Record) represents a commentary and compendium of excerpts based on the subcommittee's hearings: "In my introduction to the printed record, I stated that I consider these hearings to be among the most significant ever held by the subcommittee or, for that matter, by any committee of Congress. I said that the information contained in the hearings and the interest generated by them might help to reverse a trend toward national disaster."

"There can be no question but that the use of marijuana and hashish in the United States has

now reached epidemic proportions. More than 30 million people of all ages are reported to have used marijuana, in one degree or another, while some millions of Americans must be classified as regular, or chronic, users.

"The scale of the epidemic may be gauged from the statistics on marijuana and hashish seizures presented at the hearings by the Drug Enforcement Administration. according to their records. Federal seizures of marijuana in 1973 had increased 10-fold over a 5-year period, to a total of 780,000 pounds. During the same period, hashish seizures had increased 25-fold for a total of 54,000 pounds in 1973.

"There are no figures available, unfortunately, for seizures by State, or local, authorities. But making a very conservative allowance for such seizures... we come up with the finding that more than 600,000 pounds of hashish were con-

## Local Scout Delivers Toys For Tots

Mark Bracken of Hunley Park Scout Troop 406 recently presented a box of wooden toys to the Pediatric Ward at the Charleston Naval Regional Medical Center. The toy project was 15-year old Mark Eagle's project. Troop 406, sponsored by the USS WAINWRIGHT, assisted

him with the project. Mark is the son of Chief Quartermaster and Mrs. Donald E. Bracken of 112 South Magnolia Street, Summerville. Mark attends Summerville Intermediate High School. He wants to be a Forest Ranger after college.



Mark Bracken of Hunley Park Scout Troop 406 is shown presenting toys to the Pediatric Ward at N.R.M.C., Charleston. Accepting the toys is Ensign Nancy Feilsley, Pediatric Nurse, while two of her young charges inspect them."

## Navy Members Advised About Landlord/Tenant Relationships

WASHINGTON, D. C. (NAVNEWS) ... With the implementation of the All Volunteer Force and the trend towards "individualized" life styles, more and more Navy people are living off base. Today nearly one-half of all service families, as well as many single service men and women, live in off base housing. Unfortunately, the nature of military life sometimes creates difficulties for the military tenant and civilian landlord. A recurring problem is the frequent and sometimes unexpected change of station military members must face. Sudden moves make it hard sometimes to give the landlord much advance notice.

Whatever the problem, the summed by Americans last year.

"This is an absolutely staggering figure when you consider that an ounce of marijuana is good for from 12 to 20 intoxications, and an ounce of hashish for more than 100...

"The testimony and documentation presented to the subcommittee, in my opinion, establishes beyond any challenge that the epidemic was encouraged and facilitated by a widespread propaganda in favor of marijuana. It was recommended in glowing terms to the young people of our country, not only by the entire underground press and by certain New Left Organizations, but also by a number of prominent academicians, headed by the infamous Dr. Timothy Leary.

"The epidemic spread of marijuana was also encouraged by the widespread belief that it was a harmless as well as a pleasant drug. The myth of harmlessness was based on no scientific evidence; actually, hard scientific evidence on the effects of chronic cannabis use has become available only in the last few years. But, with the

(Continued on Page 5)

relationship that develops between the military tenant and the landlord is an important one. Each has special responsibilities toward the other.

For the military tenant, rent represents a sizable portion of income. The suitability and location of living quarters have a great deal to do with the comfort, well-being and morale of the family or single member. They can directly affect a person's job efficiency.

For the landlord, the relationship provides a profit; also, he expects the tenant to take care of the property.

Laws and customs regarding this relationship vary from state to state. In some communities, arrangement between landlord and tenant are handled rather informally. In others, usually larger communities and apartment houses, legal agreements are detailed and precise. In either case, Navy people should consult with the base legal officer prior to signing any type of lease or entering into any arrangement.

When deciding to live off base, the first step in renting a house or an apartment is usually filling out an application for a lease. This form gives the landlord information on the would-be tenant's background including salary, and, in many instances, requires references.

Any member who does sign an application for a lease should make certain it provides for the return of any deposit made to hold the unit in the event the unit does not become available within an allotted time. If, on the other hand, the member decides not to lease the unit even after the application is approved, it would be normal procedure for the landlord or his agent to retain the deposit.

In most rental situations the tenant is required to post a security deposit. This is normally payable before the tenant can

## CHAPLAIN'S CORNER

### A Humorous Story on Needing the Church

Once upon a time there was a family of wayward church members who had once been active but had lost interest and fallen away.

The deacons had talked to the father and his three sons, the preacher had visited them, as well as many members, but this did not seem to do the least bit of good.

One day when the boys were out in the pasture, a rattlesnake bit John and he became very ill. The physician was called and after an examination he pronounced John to be in critical condition.

"About all you can do now," the doctor said "is pray."

The father called the preacher and told him of John's condition. When the preacher reached the farm the father begged him to pray.

"Oh wise and righteous Father," the preacher prayed, "we thank Thee, for Thou has in Thy wisdom sent this rattlesnake to bite John in order to bring him to his senses. He has not been inside the church for years, and it is doubtful that he has in all that time felt the need of prayer. Now we trust that this will prove a valuable lesson to him and that it will lead to genuine repentance."

And now, oh Father, wilt thou send another snake to bite Sam and another to bite Jim, and another big one to bite the old man? We have been doing everything we know for years to restore them but to no avail. All our combined efforts could not do what this snake has done.

We thus conclude that the only thing left that will do this family any good rattlesnakes. So Lord, send us bigger and better rattlesnakes. Amen." — Copied Author Unknown.

This story raises the question, "when does one need the church?" In times of crisis only?

move into a dwelling, and is usually the equivalent of a month's rent. The deposit is intended to pay the cost of any repairs for which the tenant may be responsible for when he moves out. If the unit is maintained in good shape during the period of the lease, the deposit will be returned when the dwelling is vacated and inspected.

After agreeing to rent a dwelling, both the landlord and the tenant enter into a lease - a legal contract - where the rights and obligations of both are spelled out. As a general rule, the lease must accurately describe the premises to be leased. It must state what the rental cost is and when the lease begins and ends. The tenant should also understand that the written lease contains the whole agreement; verbal or other agreements to alter the terms of the lease have no legal standing.

Certain types of fraud, mistake or duress in the execution of a lease will make it voidable by the injured party, usually the tenant. For example, the concealment of material defects in the leased property may amount to fraud, which would enable the tenant to void the lease. Unless it is expressly forbidden in the lease, a tenant may assign or sublet his leasehold interest without the landlord's consent.

Every military tenant should insist that a "military clause" be inserted into a lease. This clause generally states that the tenant can terminate the lease subject to payment of a specified amount. The military clause is a provision intended to let a military tenant end his lease prematurely for reasons connected with military service.



## Retirements

### CDR Mary C. Burch, NC, USN, Ends 30 Year Career

In ceremonies on 1 September 1975, CDR Mary Chesta Burch, NC, USN, retired from active duty as Assistant Chief Nurse.

CDR Burch began studies in nursing at Nazareth Nursing School, Lexington, Kentucky, and entered the Navy in April of 1943. She then entered the University of St. Louis, Mo., to complete a B. S. degree in Nursing in 1950, whereupon she re-entered the Navy Nurse Corps (January 1951).

During her military career, Cdr Burch has seen such stations as the Naval Hospital in New Orleans, La., where she was senior nurse, the U. S. Naval Station Rota, Spain, the Naval Hospitals in Memphis, Tennessee; Portsmouth, Va.; and Camp Pendleton, Ca. Cdr Burch arrived at the Naval Hospital, Charleston, S. C., in August of 1969 as General Nursing Supervisor.

Among her campaign medals are America Area, Pacific Area, World War II Victory, United Nations, and the National Defense Service Medal.

Before the cake cutting



ceremonies CDR Burch remarked that she deeply appreciated the support she had received from her co-workers during her stay at NRMC, Charleston. After cutting the cake well-wishers formed a line to say individual "Farewells" to CDR Burch. Near the ceremony's end she stated further that after over 30 years in the Navy Nurse Corps, it was very hard to say good-bye, whereupon Captain McMahon responded, "You're going to be missed, Mary Burch." Captain, we couldn't have said it better.

### LCDR L. D. Smith, MSC, USN, Retires

LCDR L. D. Smith, MSC, USN, Chief Neil Personnel Services, N.R.M.C. Chasn, S. C. for 4 years, retired from active duty the 31st of August, 1975. LCDR Smith saw approximately 12 and 1/2 years as an enlisted man prior to being commissioned an Ensign in the Medical Service Corps. LCDR Smith entered Great Lakes Boot Camp as a Seaman recruit in December of 1950, after which he attended Hospital Corps School there. Following this LCDR Smith spent a tour at Camp Lejeune as a ward corpsman and then at Field Medical Service School. After serving with the 2nd Marine Division until 1953, and then as a corpsman at the Naval Hospital, San Diego, Ca., he was assigned to the Naval School of Aviation Medicine, Pensacola, Fla. It was there that Lcdr Smith

was commissioned an ensign in the Medical Service Corps. He was promoted to LTjg in June of 1966, saw a tour of duty in the Republic of Vietnam from 1966 to 1967, and attended the Naval School of Hospital Administration at Bethesda, Md from June 1967 to June 1968. In 1968 LCDR Smith was also promoted to Lt and assigned as Personnel Officer of the Naval Medical School at Bethesda, Md until September 1971, when he was assigned to the Naval Hospital, Charleston, S. C. as Chief Neil Personnel Service.

LCDR Smith has the following awards and medals for service: Republic of Vietnam, Armed Forces, Meritorious Unit Citation (Gallantry Cross). LCDR Smith will certainly be missed by all of us here at NRMC, Charleston.

### Lcdr Hickey, New Chief Military Personnel



Lcdr Hickey has been in the Navy 19 years, and began as E-1 in November of 1956. He attended Boot Camp and Hospital Corps School at Great Lakes, Illinois. Lcdr Hickey was commissioned in 1966, and has been to Naval Hospitals in Great Lakes, St. Albans, Guam, on a West-pac cruise, Vietnam (3rd Marine Division), and Texas. He was assigned to the NRMC, Charleston this July.

Describing himself as a small-town person, Lcdr Hickey feels he is going to enjoy Charleston very much and may retire here. He liked Illinois very much also, but prefers South Carolina winters.

When asked what he felt has prepared him the most for his present work as Chief, Military Personnel Service he responded, "I care about people. I don't simply mean the Chiefs of Service alone, but the HA and the HN. I want to help anybody that feels he has a personnel-oriented problem as much as I can."

Welcome aboard, Lcdr Hickey!

### Hn Mary Mynatt, Immunizations

HN Mynatt and her husband both went through Boot Camp in Orlando, Florida together as well as Hospital Corps School. HN Mynatt stated that, "The Navy has been very good at keeping us together, and even gave us our first choice of duty stations out of Hospital Corps School". The Mynatts arrived at N.R.M.C. Charleston in November 1974.

HN Mynatt is assigned to the immunization clinic at present, and has approximately 3 years left to her active duty enlistment. She states that her favorite aspect of the Navy is the financial help the Navy gives for schooling and the heavy importance it places on education. HN Mynatt had accrued 60 hours of college work prior to enlisting and is presently taking college-level chemistry courses to bring her closer to her goal of becoming a biochemist. She stated that, "Just before I enlisted, I had been working for a Neonatologist who was doing research in the

occurrence of hypocalcemia in infants of diabetic mothers, and into vitamin D deficiencies. I really enjoyed this work, and even learned to operate a very temperamental piece of machinery called an 'Ionalyzer'. I believe it was this work that gave me my interest in becoming a biochemist. The opportunities for schooling are very good in the Navy. Now that I'm back in school, I've noticed a change in my work. I am more alert, and I feel good that I'm improving myself. I've begun to read pediatric journals and other journals and I find I'm able to follow the technical talk. I am also better able to communicate with patients I see each day; I know more and am better able to inform them on certain subjects. Right now I guess you could say I'm striving hard to take the courses towards becoming a biochemist. I want to re-enter the Navy as an officer after graduation, with a goal of becoming involved in Naval Medical Research. I'm happy to be preparing for the future, and am grateful that the Navy is helping me so much in reaching my goals." HN Mary Mynatt... building on a proud tradition.

### Your Dental Health

By Capt. Verunac

#### TREATMENT OF BROKEN TEETH

Tens of thousands of people each year receive facial and oral injuries in automobile accidents, falls, sports activities, play and other activities.

Frequently such accidents result in broken teeth or other injuries to the mouth. Fortunately, like a broken bone, broken teeth can often be repaired.

There are three basic types of breaks that affect the teeth. They are the chipped tooth, the cracked or fractured tooth and the tooth that is broken at the roots.

The chipped tooth is the easiest to treat. The dentist only has to smooth out the jagged edges with a sandpaper disk to restore an even contour. He may ask the patient to come back for x-rays to make sure nothing else is wrong.

The fractured tooth presents a more serious problem. If the crack does not penetrate to the pulp of the tooth, the dentist will apply medication to the damage to ease any pain. A temporary cap will be placed over the tooth to protect it. Later, a crown will be put on to restore the tooth's appearance.

When the pulp of a tooth is exposed by a fracture, immediate dental care is required. If the crack can be medicated and cemented within 24 hours, chances are very good that no further complications will arise.

But if treatment is delayed beyond this time, infection may set in and some or all of the pulp will have to be removed. Healing takes place when the dentin covering the pulp knits back together. The dentist follows the progress with x-rays.

He then cements the crack and



WO2 M. Hardy is advanced to his present rate.



Enlisted Good Conduct Awards are received by HM3 Gretsch (General Practice Walk-In-Clinic), HM2 Johnson (Radiology Service), and HM3 Young.



Lt. Kreff is congratulated on her promotion.



Chief Calicott is awarded Good Conduct Citation.

puts a steel band around it or covers it with a crown to keep it in place.

A broken root requires special care in order to save the tooth. If the root is broken at the tip, the tooth may often have to be extracted if the damage is too severe. But if it is broken near the gum line, then in most cases it can be repaired.

The dentist makes a splint out of special wire to immobilize the broken tooth after it has been set back in place. The broken pieces then grow back together. Baby teeth are the easiest to break at the roots. If the dentist has to extract a primary tooth, he will put in its place a space maintainer or artificial tooth to hold the space open for the permanent tooth that will erupt later.

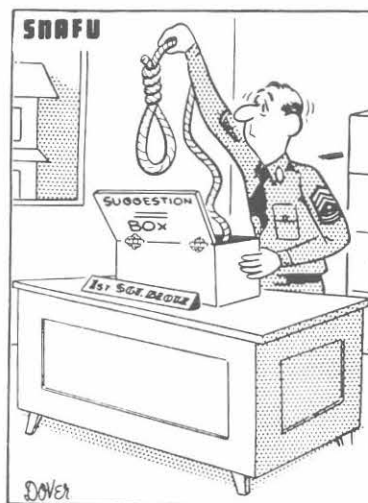
A mouth injury, even if no teeth are chipped, cracked or broken, can still lead to serious trouble. A

violent shock can tear the delicate blood vessels inside the pulp, causing them to leak blood. If you notice any discoloration of a bumped tooth, see your dentist right away. Such damage can lead to an abscess.

Few people are aware that a tooth that is completely knocked out can often be re-implanted. In an injury of this type, find the tooth, wrap it in a wet cloth and bring it and the patient to the dentist quickly. Minutes are important. The sooner the treatment, the better the chances of success.

Don't clean the tooth off because you may destroy tissue clinging to it that is necessary for a successful implant. Your dentist must prepare the tooth under sterile conditions before he puts it back into the socket.

(Next article: "Other Diseases of the Mouth")



The symbol chosen for International Women's Year incorporates the mathematical sign for equality, the biological sign for women, and the dove of peace.



## Historical Sketch Of NRMC Charleston

On what is probably the highest point in the Charleston area was erected the U. S. Naval Hospital, Charleston Naval Base, Naval Base, South Carolina. This hospital was the second hospital to be erected on that site, and the third hospital to serve the Charleston Naval Shipyard.

The Charleston Navy Yard was established 7 June 1900, and on 2 November 1902 the Bureau of Medicine and Surgery bought 96.5



acres of land from the City of Charleston adjoining the northwest side of the Navy Yard.

This acreage contained may tall South Carolina pine trees which are so characteristic of the surrounding country side of South Carolina. Many of these pines furnish beauty today to the hospital. The cost of the land was approximately \$200.00 per acre.

No hospital having been erected on this land after it was purchased, a section containing



23 acres was transferred to the Marine Corps on 17 May 1915, five acres were in later years transferred back to the hospital. Later transfers to other commands reduced the acreage to 34.99 acres, which as of 1 Oct. 1968 are carried in the hospital accounting records.

After the establishment of the Navy Yard in 1902 the Medical Department activities occupied hospital tents near the site of the Marine Corps Post Exchange. In 1905 a Marine Sick Quarters was erected at that place. During this period of time the Medical Officer of the Yard had an office in the Post Office building in Charleston, making a daily trip to the Yard by street car. In 1905, a room in one of the then existing buildings at the Yard was allotted for use as a Medical Dispensary.

On 29 June 1906, Congress appropriated \$12,000 for the building of a Yard Dispensary, but no bids from outside contractors were received on the plans and specifications for the building and it was not until December 1908 that a Yard Dispensary was completed by Yard labor. This wooden building was erected on brick piers near



the center of the Navy Yard. Later a basement was constructed under this building which functioned as a dispensary and as a small hospital, with many of its patients in tents. Since its beginning the building had been repeatedly enlarged by additions. In 1917 the west wing was added.



With the advent of World War I, this 28 bed dispensary, even with the addition of new buildings was taxed beyond its capacity, and was entirely inadequate to meet the hospital needs for the Charleston area, and the increased personnel caused by the establishment of the training camp to the capacity of 5,000 men. Emergency facilities in the shape of tents, and temporary beds were established in connection with the Naval Dispensary until a total capacity was reached for 120 patients. This was a temporary expedient to meet the circumstances incident to a sudden influx of men without accommodations for the sick.

In view of the necessity for a Naval Hospital in this area, a hospital was authorized to be constructed by the emergency act. A contract was let with the Charleston Engineering and Constructing Company to build



the hospital. Work commenced on 1 June 1917, and the hospital was commissioned on 31 July 1917, in spite of many difficulties encountered in obtaining adequate supply of labor and a strike of minor importance among the carpenters. This hospital was the original Naval hospital build on the present site located on Medical Department property to the northwest of the Navy Yard which ground was purchased in 1902. The hospital consisted of 19 temporary wooden buildings with a bed capacity of 250. These buildings included one administration building, one office building, one building for women nurses, nine ward buildings, one gallery, a mess hall, garage, laundry, power house, store house and recreation hall. These were all one story buildings, owing to the increased patient load additional beds were urgently required, and by September 1918 fourteen additional buildings were constructed which increased the bed capacity to 1000 beds. These additional buildings were of wooden construction finished in stucco and were erected south of the hospital on the hospital reservation. The hospital made use of an ambulance ship to transport the sick from outlying stations of the Sixth Naval District and from vessels in the harbor to the hospital.

In 1922, due to the increasing cost of maintenance and the decreasing number of patients, the Bureau of Medicine and Surgery decided to abandon the World War I Emergency hospital, and the then Yard Dispensary building was reoccupied as a combined Naval hospital and Yard Dispensary. The Yard Dispensary was then designated a Naval hospital. On 21 December 1922, the emergency hospital was officially closed and the Medical personnel transferred to the dispensary building. Certain of the buildings of the emergency hospital were moved adjacent to the dispensary and as other buildings were demolished the materials were used to provide additional facilities at the Navy Yard

Hospital. The change had no significance other than the hospital returned to a pre-war basis.

This hospital-dispensary consisted of several frame buildings occupying about four acres of land near the center of the Yard near the industrial section and had a bed capacity of 57. As indicated before, the central section of the main hospital-dispensary building was completed in 1908 as a Yard Dispensary building, and between 1908 and 1938 new additions were build from time to time to the original structure as the need for expansion purposes became necessary. A new wing was added to the main hospital building and the first floor of the wing was used for office space, the second floor for sick officers quarters and the basement provided additional office and storage space. The building previously used for sick officers quarters, dental office and family clinic was converted for dependents hospitalization. A covered ramp connected this building with the main building. In 1937 work was underway on construction of a new hospital



corps quarters west of this hospital building and the hospital corps quarters were then located on Bureau of Medicine and Surgery property. Upon completion of these quarters, the use of the old quarters was converted to a contagious and genito-urinary ward. The building previously used for contagious and genito-urinary cases was then used as a Yard Dispensary, because the space in the main hospital was inadequate to include a Yard Dispensary. On 1 May 1941, the Yard Dispensary and the Naval Hospital which had been combined were separated into independent medical department units. As the dispensary was an old war-time 1917-1918 frame structure and



entirely inadequate, a new location and building were urgently needed which should be located more in and to the center of the industrial section. In July 1942, the dispensary was transferred to its present location which is in building number 58 of the Naval Shipyard at the entrance of the Third Street gate.

On 17 June 1940, work was commenced on the construction of two additional wards with a capacity of 60 patients. On 4 October 1940, these wards were completed, this gave the hospital a total capacity of 117 beds which were still inadequate for the patient load at that time. In September 1940, funds amounting to about one million dollars were obtained from the Works Progress Administration for the construction of a 200 bed hospital.

In the Spring of 1941 work commenced on the construction of the Naval hospital, which was located on the same site as the old World War I emergency hospital. On 13 April 1942 the Naval hospital was completed and commissioned. Originally visualized as a 200 bed hospital, permanent wards in reality had a total capacity of approximately



380 beds. All the permanent wards were completed and occupied with the exception of the neuropsychiatric ward which was completed within the next ten days. All the 30 bed temporary wards were finished and four of the 40 bed temporary



wards were about ninety per cent finished. Construction of the fifth temporary ward was soon begun and upon completion of this ward gave the hospital a bed capacity of 600. During 1942 the hospital was enlarged by the addition of



the ten single story wooden ward buildings as a continuation of two rows of permanent ward buildings.

The Naval Hospital remained in continual use until the dedication on 2 March 1973 of the



Naval Regional Medical Center located at the intersection of Rivers and McMillan Avenues, North Charleston, South Carolina. The new hospital has a 500 bed capacity and 375,000 square feet of floor space. The



building has central heat and air conditioning, central dictating and transcribing system, central oxygen and vacuum system, television for patient's rooms and vertical transport systems. It has two Intensive Care Units, seven



operating rooms, three delivery rooms, two Urology operating rooms and a Cardiac Care Unit, all equipped with life support systems. The new Naval hospital serves approximately 73,000 eligible patrons.



## 82nd Annual Meeting

Stressing the theme, "Quality of Health Care: A National Issue", medical departmental officers and civilians of the Armed Forces, Veterans Administration, and Public Health Service will convene for the 82nd Annual Meeting of the Association of Military Surgeons of the United States, to be held at the Shoreham-Americana Hotel, Washington, D. C., on December 10-14, 1975, John D. Chase, M. D., Chief Medical Director of the Veterans Administration and President, Association of Military Surgeons, has announced.

Mr. A. A. Gavazzi, Hospital Director, Veterans Administration Hospital, Washington, D. C., is General Chairman for the meeting. The Honorable Alan Cranston, Senator (D), California, will deliver the Keynote Address on Thursday morning, December 11, 1975, followed by greetings from John D. Chase, M. D., Chief Medical Director, Veterans Administration; Lieutenant General George E. Schafer, the Surgeon General, United States

Air Force; Lieutenant General Richard R. Taylor, the Surgeon General, United States Army; Vice Admiral Donald L. Custis, the Surgeon General, United States Navy; Theodore Cooper, M. D., Assistant Secretary for Health, Department of Health, Education, and Welfare; and James R. Cowan, M. D., Assistant Secretary for Health and Environment, Department of Defense.

As presently planned, the Scientific Program, under the direction of Paul A. L. Haber, M. D., Assistant Chief Medical Director for Extended Care, and his Co-Chairman, Edgar A. Reed, M. D., Deputy Chief Medical Director for Ambulatory Care, both of the Department of Medicine and Surgery, Veterans Administration Central Office, will begin on Thursday afternoon, December 11, 1975. Panels and topics to be discussed concern cardiac surgery, pacemakers, and hypertension.

The "Sustaining Membership lecture" will be delivered at 4:30 p.m. Thursday, by Rosalyn S. Yalow, Ph.D., Senior Medical



## 82nd Meeting . . .

(Continued from Page 4)  
Investigator and Chief, Nuclear Medicine, Veterans Administration Hospital, Bronx, New York.

The scientific program for Friday morning will be concerned with Alcohol and Drug Abuse and the afternoon sessions will center around Renal Disease, Hemodialysis, Home vs. In-Center Dialysis, and Renal Transplantation. Saturday, the program will be concerned with Ambulatory Care Programs in the various Services and a panel on Quality of Care, including "Review in the Army" and "Professional Standards Review Organization (PSRO)", followed at 11:00 a.m. by the "William C. Porter Lecture in Psychiatry", to be given this year by Leo E. Hollister, M. D., Medical Investigator, Veterans Administration Hospital, Palo Alto, California.

In addition, meetings will be held on Dentistry, Medical Specialists, Hospital Administration, Nursing, Pharmacy, Veterinary Medicine, Sustaining Membership, and Reserve-Guard, all following the same general theme of "Quality of Health Care: A National Issue".

Throughout the meeting, an impressive display of scientific and technical exhibits will be shown, as well as the presentation of an extensive film program.

The Ladies Auxiliary Section has planned a variety of activities for all women and wives who attend the convention. Most notable are tours of the White House, Anderson House, State Department and Decatur House, with luncheons at the Congressional Club and Watergate Terrace. Also, there will be a night tour of Washington for the ladies and their husbands.

The 82nd Annual Meeting will feature several outstanding social events, opening with an informal reception by the Chiefs of the Federal Medical Agencies, honoring some 35 International Delegates representing some 52 foreign countries, on Wednesday evening, December 10, 1975. Social events are climaxed with the Formal Annual Banquet on Saturday evening, December 13, 1975, followed by an Evening-End Reception. The meeting will be attended by some four thousand Federal health care officers and guests.

## Marijuana (Part 2) . . .

(Continued from Page 6)

who are today using marihuana may produce another partial generation of teenagers who have never matured, either intellectually or physically, because of hormonal deficiency and a deficiency in cell-production during the critical period of puberty. This fear was expressed in particularly urgent terms by Dr. Paton and Dr. Kolodny. As Dr. Paton put it, we may witness the phenomenon of a generation of young people who have begun to grow old before they have even matured.

"(4) There are other frightening possibilities, too. There is the possibility of which Dr. Paton spoke that we may develop a large population of youthful respiratory cripples. And there is the possibility - which can only be confirmed by epidemiological studies - that marihuana smokers are producing far more than their quota of malformed or genetically damaged children.

"(5) There is the growing body of evidence that marihuana use leads to indulgence in other drugs.

"(6) If the epidemic is not rolled back, our society may be largely taken over by a 'marihuana culture' - a culture

motivated by a desire to escape from reality and by a consuming lust for self-gratification, and lacking any higher moral guidance. Such a society could not long endure. These are some of the reasons why we cannot legalize marihuana, and why society cannot remain indifferent to the epidemic.

"The Epidemic Potential Of Cannabis: What makes the prospect even more terrifying is the extraordinary epidemic potential of cannabis. It is doubtful that any other drug in common use today has a comparable potential.

"I do not underestimate the damage done by the abusive use of alcohol. But the nature of alcohol places certain limitations on its epidemic spread. It is impossible, or at least very difficult, to take a quart of whiskey or a six-pack of beer to one's place of work, or, in the case of a teenager or grade schooler, to take it to school. If one did take it to school or to work, it would be difficult to find the time during the workday or during school hours to get oneself really intoxicated on alcohol. And if a worker or a student did manage to get himself stoned on alcohol, he would be given away by his drunken stagger or by the smell of alcohol on his breath.

"But with marihuana there are no such limitations. It is cheap enough so that even a fourth or fifth grader can afford to buy a joint or two with his weekly allowance. It is compact enough so that a few joints can easily be concealed on the body. All it requires is a 10 or 15 minute break to get thoroughly stoned. And, apart from a tired and passive look which may suggest that user is short on sleep, there are no telltale symptoms; the user, though stoned, does not walk with a stagger, nor is there any odor on his breath. A student could sit through an entire day in a cannabis stupor, and learn nothing - and his teacher would be none the wiser.

"On top of this, users of marihuana suffer from a much more compelling urge to proselytize and involve others than do users of alcohol. One can attend a cocktail party and drink ginger ale, and not be harassed and pushed by one's cocktail friends to get in on the act and drink. At pot parties, the pressures are infinitely greater. "Another factor contributing to the spread of the cannabis epidemic is the tremendous potency of the material available and the ease with which it can be concealed and transported. A pound of 'liquid hashish' - a concentrated distillate derived from either marihuana or hashish - would theoretically be enough to intoxicate a city of 15,000 people.

"Still another factor is that, with marihuana and hashish, chronic abuse begins at a use level which would be insignificant with alcohol. A person who took a drink of whiskey once a week or even three times a week would be considered a light drinker; it has yet to be argued that alcohol consumption at this level can do any damage. But a person who smokes marihuana three times a week or more is generally considered a chronic smoker; and there are some scientists who insist that even once a week smoking constitutes chronic use. In support of this contention, they point to the facts that THC persists in the brain for a week or more after smoking, and that some of the research covered in our recent hearings found dramatic changes even at the once a week level (cf. Stenchever on chromosome damage).

"Finally, there is the almost unbelievable rate at which - if it is readily available - a cannabis user can escalate from occasional social use to chronic and

## MILITARY QUOTES

Who said:

1. "All very successful commanders are prima donnas, and must be so treated."
2. "Where American citizens go, that flag goes with them to protect them."
3. "You may fire when ready, Gridley."
4. "Don't fire 'til you see the whites of their eyes."
5. "Boys, aim at their waistbands."
6. "I have not yet begun to fight."
7. "Nuts!"
8. "Don't tell them anything. When it's over, tell them who won."
9. "Naval Power is the natural defense of the United States."
10. "Retreat hell! We just got here!"

Answers: 1. George S. Patton, Jr.: War As I Knew It, 1947; 2. Lyndon B. Johnson, Speech to AFL-CIO Convention, Washington, 3 May 1965 (After Marine landings in Santo Domingo); 3. George Dewey, to Captain C. V. Gridley, USN, Admiral Dewey's flag captain at Manila Bay, 1 May 1898; 4. William Prescott, order at Bunker Hill, 17 June 1775; 5. John Stark, order at Bunker Hill, 17 June 1775; 6. John Paul Jones, in reply to the hail, "Have you struck?" from Captain Richard Pearson, RN, commanding HM late ship Serapis off Flamborough Head 23 September 1775; 7. Major General Anthony C. McAuliffe, USA, in reply to a German demand that he surrender his beleaguered force at Bastogne 23 December 1944; 8. Ernest J. King, when asked to state a public relations policy for the Navy c. 1942; 9. John Adams, 1735-1826; 10. Attributed to Capt. Lloyd S. Williams, USMC, Belleau Wood, 5 June 1918.

massive abuse. It generally takes years before a chronic drinker escalates to a quart a day. But, according to Dr. Tennant, G. I.'s who arrived in Germany as casual marihuana users, would a month or two later be consuming 50 or 100 grams - and in some cases up to 600 grams - of hashish monthly. Three grams of hashish a day, it should be pointed out, is roughly 12 times the amount required to produce a hashish intoxication. . . .

"The Myth Of Harmlessness: The spread of the epidemic has been facilitated by the widespread impression that marihuana is a relatively innocuous drug. This impression has been shared by liberals and conservatives, by laymen and judges, and even by people actively involved in the war on drugs. For example, in March of 1973 an advisory committee consisting of some 40 prominent D. C. citizens filed a report urging the complete legalization of marihuana on the ground that: 'No demonstrable medical evidence is available to support the assertion that marihuana use is hazardous or detrimental to the physical or mental health of the user.'

"The widespread acceptance of the myth of harmlessness has been due to several things. Certainly a role of some importance was played by the militant pro-marihuana

## Leading The Way



Commandant, Sixth Naval District, RADM Julian T. Burke Jr., makes his fair share contribution to the 1976 Combined Federal Campaign. The campaign will run through 17 Oct. and solicits from some 40,000 Federal employees in the Charleston area. The campaign supports 11 National Health Agencies, six International Service Agencies, and 49 United Way Agencies. Convenience to contributors and economy to the government result from conducting one annual campaign centered around payroll deductions. The primary goal of the campaign is fair share giving by all. — U. S. Navy Photo by JOC Bill Reed."

LEADING THE WAY — Commandant, Sixth Naval District, RADM Julian T. Burke Jr., makes his fair share contribution to the 1976 Combined Federal Campaign. The campaign will run through Oct. 17 and solicits from some 40,000 Federal employees in the Charleston area.

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propaganda campaign conducted by many New Left organizations, by academicians sympathizing with the New Left, and by the entire underground press, ever since the Berkeley uprising.

"Some of this propaganda was positively euphoric on the virtues of marihuana. Dr. Joel Fort of San Francisco, a member of the Sociology Department of the University of California and a former consultant on drug abuse to the World Health Organization, had this to say on the subject: 'Cannabis is a valuable pleasure giving drug, probably much safer than alcohol, but condemned by the power structure of our society.' An article in 'The Sciences' by L. Greenwald in 1968 went even further. 'Marihuana,' said Greenwald, 'restores to the student his ability to feel in an often hostile environment, and the liberating action of that drug is going to allow him to experience more intimate social contact.'

"But the myth of harmlessness has been stimulated in even greater degree by a number of highly publicized writings and by reports, some official, some unofficial, which have taken a rather benign attitude toward marihuana. A major role was also played by the generous attention which the media bestowed on militant drug enthusiasts like Timothy Leary and Jerry Rubin. The damage was further compounded by the virtual black-out imposed by much of our media-at least until recently-on adverse scientific evidence about the effects of marihuana. The result has been that Congress and the American public have been exposed for years to an appallingly one-sided presentation of the marihuana controversy.

"Another factor contributing to the myth of harmlessness was the selective manner in which the Shafer Commission Report was

handled by the media. This report, as several witnesses pointed out, contained a number of apparently contradictory passages, which made it possible to write a story suggesting caution, or to write one suggesting that its emphasis was on tolerance. But it did contain quite a number of fairly strong cautionary passages. It was for the purpose of setting the record straight on the Shafer commission Report that one of the first witnesses heard by the Subcommittee was Dr. Henry Brill, who had served as senior psychiatric member of the Commission. This is what Dr. Brill had to say on the subject: 'I am concerned about the misinterpretations which have developed with respect to the marihuana report of that Commission. These misinterpretations result from reading the reassuring passages in the report and ignoring the final conclusions and recommendations and the passages in the report on which they were based. As a result it has been claimed that the Commission's report was intended to give marihuana a clean bill of health, and as a covert, or indirect support for legalization of this drug in the near future, or as a step in that direction. Nothing could be further from the truth. From my knowledge of the proceedings of the Commission, I can reaffirm that the report and the subsequent statements by the Commission meant exactly what they said, namely that this drug should not be legalized, that control measures for trafficking in the drug were necessary and should be continued, and that use of this drug should be discouraged because of its potential hazards.'

"It was because of this pervasive imbalance in dealing with the question of marihuana that so

(Continued on Page 8)





## Marijuana (Part 2)

(Continued from Page 7)

many intelligent people have been under the impression that the scientific community regards marihuana as one of the most innocuous of all drugs. Part of the purpose of our recent hearings was to correct this imbalance—present the 'other side' of the story—to establish the essential fact that a large number of highly reputable scientists today regard marihuana as an exceedingly dangerous drug. We make no apology, therefore for the one-sided nature of our hearing—they were deliberately planned this way.

**"Marihuana And The Law: . . .** Not all drugs are equal—no one, for example, has yet proposed that we deal with coffee and heroin, or tobacco and heroin, in exactly the same manner. And the evidence I have presented in the preceding pages should be sufficient to establish that the dangers of cannabis are much closer to the dangers of heroin, in scope and quality, than they are to the admitted but far more limited dangers of coffee or tobacco—or, for that matter, alcohol.

"The scientists who testified before the subcommittee were unanimous on the point that it made no sense to send young people to prison for simple possession of a few joints of marihuana. On the other hand, they were strongly opposed to legalization, and not one of them spoke in favor of decriminalization. They expressed the belief that it would seriously undercut any national effort to discourage marihuana use if all penalties were removed for simple possession, as the Shafter Commission had recommended — and which remains the continuing objective of the pro-marihuana lobby. Dr. Brill, who, as a member of the Shafter Commission, had voted in favor of eliminating all penalties, indicated to the subcommittee that he was now rethinking this recommendation.

"Commenting on the proposal that the decision on whether or not to use drugs, and especially marihuana, should be left to the individual, Dr. Andrew Malcolm, a distinguished Canadian psychiatrist, called for a combination of education and the law. Said Dr. Malcolm: 'It is necessary to have some external restraint when, indeed, some of the people are incapable of exercising internal restraint. But those who propose (that the matter be left to) 'wise personal choice' usually are unalterably opposed to any kind of external restraint. It is very foolish, because what we need, in fact, is both of these elements.'

"Dr. Phillip Zeidenberg, Chairman of the Drug Dependence Committee of the New York State Psychiatric Institute, while he held that the Marihuana epidemic could not be eradicated by legal measures alone, nevertheless strongly opposed legalization and said that there have to be some penalties for use. These were Dr. Zeidenberg's words: 'I believe that legalization will turn on a green light which will enormously increase the number of chronic heavy users, just as it has in every other country where de facto legalization exists. Once this happens, marihuana will become an integral part of our social structure and take on complicated social and symbolic significance, as tobacco and alcohol already have. Once this happens, it will be virtually impossible to remove it. Ultrapunitive measures taken against individuals occasionally using the drug can only lead to the backlash of pressure for legalization. Offenders should be given light, but significant

sentences, enough to be a sufficient deterrent to repeated use. Chronic heavy users should be offered psychiatric treatment, not jail . . . the job of the law is to find the appropriate deterrent so that the marihuana problem is kept as a minor drug abuse problem, without crucifying errant adolescents.'

"Warning about the drive to legalize cannabis in the United States, Professor Nils Bejerot of Sweden said: 'The demand for legalized cannabis has been strongest in those countries which have had the shortest experience and the weakest forms of the drug. Correspondingly, I consider that as a psychiatrist one's attitude to cannabis becomes more negative the more one sees of its effects. If cannabis were legalized in the United States, this would probably be an irreversible process not only for this country and this generation, but perhaps for the whole of Western civilization. As far as I can see, another result would be a breakdown of the international control system regarding narcotics and dangerous drugs . . .'

"I believe it would be helpful in dealing with this situation if the federal law and state laws could be brought into basic harmony on the question of marihuana . . .'

"There is one state statute that does not recommend itself as a model: that is the the marihuana law recently adopted by the State of Oregon. Under this law, simple possession of small quantities of marihuana is not treated as a violation of the criminal law but as a civil violation — something akin to a parking ticket . . .'

"The law must be framed in such a manner that makes it unmistakably clear to young people that smoking marihuana is a crime against society. This is something that decriminalization would completely destroy. . . .

"I believe that the philosophy guiding such legislation might well be based on the opinions expressed by Dr. Zeidenberg and the other scientists who testified before the subcommittee. I think there is much merit to Dr. Zeidenberg's proposal, for example, that instead of jail sentences, we might consider sending chronic abusers for a period of time to an institution where they will be given intensive education on drugs and psychiatric treatment if they need it.

Mr. Eastland went on to say, "Mr. President, I also ask unanimous consent to insert in the Record a letter received from a New Jersey father whose 16-year-old son hanged himself after becoming involved, first with marihuana and then with other drugs. In taking his life, he left a letter to his parents which I also want to insert into the Record, because I think it constitutes an eloquent warning to the millions of young people who try pot on an experimental basis. . . . (the two letters follow)

"Dear Senator Eastland: I was pleased to learn from Mr. David Martin that your Subcommittee on Internal Security is actively studying the marihuana problem. In particular, I was impressed that you have been giving, with the help of qualified professionals and scientists, close scrutiny to the harmful effects marihuana can and does have on many individuals.

"Proponents of more lenient use laws, and even legalization, do not seem to recognize or care about the very real dangers involved. The question of eased laws, or ultimate legality, has got to follow, not precede, the question of potential harm.

"Recently my 16-year-old son, David, took his own life by hanging. He was a beautiful young man in every respect, and his last act was to leave us a letter as a warning to others. I

would appreciate it very much if you and other members of your subcommittee would review the enclosed article giving details of his life and death.

"Note in particular that David pinpointed the regular smoking of marihuana as his 'mistake'. Also, he specifically says that marihuana led him to try LSD. Based on David's letter and on subsequent talks I've had with students and police officials, I personally believe that marihuana is the most insidious of all drugs. It's the bait that gets our youth involved at the outset, and leads many on to other drugs. Narcotics officers tell me that most hard drug users started with pot.

"We were unaware of David's use of marihuana, and like many parents, were completely ignorant of the symptoms. Since, but too late to help David, we know them well and now they're all too clear — drowsiness, depression, and some apparent psychosomatic symptoms that his doctors felt were imaginary. We also subsequently learned from his friends that David had been working hard to cure himself of his addiction to this drug. Doctors frequently make a distinction between physical and psychological addiction, and say that marihuana can cause the latter. I think there is an implication that psychological addiction is less onerous. My only comment on that is that the final morning in school before taking his life, he told a close buddy that he 'couldn't keep off pot' and needed it. All I've learned about David's last few weeks of life convinces me that marihuana, not LSD, precipitated his suicide.

"David's case may not be as extreme an example as it appears. I believe that many teenage suicides stem from this cause. I also believe that marihuana is driving a wedge between parents and children in thousands, probably millions, of homes across the country. You don't hear much about this because families with marihuana problems don't find it a subject they care to discuss, even among their closest friends.

"Finally, I believe it is entirely illogical to have criminal penalties for the production and sale of a drug like marihuana, while at the same time ease penalties or possibly legalize possession and use. Moves in this direction will condone use, broaden the market and increase the profits for those engaged in illegal trafficking. Worst of all, we would be increasing the likelihood of irreparable harm to the young people of this country.

"Mrs. Beggs and I thank you, Senator Eastland, and your fellow committee members for your diligence on this most serious subject. We also hope that David's warning proves helpful to you and to the young people of this country. Sincerely yours, Herbert S. Beggs"

Letter from David Beggs to his parents:

"Dear Mom and Dad: You have probably wondered why I have been acting so strange lately. The reason is simple.

"During my freshman year, I tried pot. I liked it. Soon I started smoking it regularly. That was my mistake. This led to the trying of LSD. I tried this drug several times.

"I am now at the point where clear thinking is impossible. My friends have notice it and I think you have too.

"You have been great parents to me and please don't blame yourselves for any of this.

"Warn Andy and the girls about this. Love, David."

America's veteran population of 29.5 million is the largest in our nation's history.

## Hail & Farewell Arrivals

LT. Judith E. Lombardi, NC, USNR	Home
LT. Mary J. Crowell, NC, USNR	Home
LCDR Ronald K. Green, MSC, USN	2nd Mar Air Wing, Cherry Pt, N. C.
CDR William M. Lyman, MC, USN	NAVAEROSPREGMEDCEN, Pncla, Fla.
LCDR Lawrence D. Kramer, MC, USNR	NRMC, San Diego, Ca.
LCDR Patricia K. McDonald, NC, USN	NAVSUBMEDCEN, New London, Conn.
ENS Kerry L. Shackelford, NC, USNR	Home
CDR Henry M. Meinecke, MC, USN	Guam
LCDR David B. Wilson, Jr., MC, USNR	NH Subic Bay
LCDR John W. Knispel, MC, USN	NRMC, San Diego
ENS Catherine A. Lyon, NC, USNR	Home
LCDR Michael J. Moran, MC, USNR	NRMC, San Diego, Ca.
LT Lewis J. Stern, MC, USNR	NAF, Sigonella, Sicily
LCDR Charles B. Windle, MC, USNR	NRMC, Pts., Va.
LT Andres C. O. Crame, MC, USN	Home
LT John A. Rooney, MSC, USN	NRMC, Philadelphia, Pa.
LTJG Laban J. Wright, MSC, USN	3rd Mar Div.
HA Karen Baumgartner	HCS Great Lakes
HM3 Henry Ferrer	NSHS San Diego
HMCS James Yarbrough	USS Canopus
HA Terri Linneman	HCS Great Lakes
YN1 James Thoreson	USS James K. Polk
MM2 Thomas Capers	USS Truckee
HM1 Ed Higdon	NAVHOSP Charleston
DN Nona Thompson	Nav Air Sta, Brunswick, Me.
HA Ronald Ben	HCS Great Lakes
HM2 Jerry Sellers	HSETC Portsmouth, Va.
HM1 Carl Townley	NAVRESCEN, Gadsden, Al.
HN Mark Tokach	HSETC Portsmouth, Va.
HM1 Bryan Herb	3rd Marine Division
HN Jimmy Fowler	NRMC Great Lakes
HA Frances Smith	NSHS San Diego
HA Tillman Morris	HCS Great Lakes

## Departures

LT. Judy L. Williams, NC, USNR	NH, GTMO
HN Randy J. Bright	STU MED TECH, NRMC, Oakland, Ca.
HM2 Ronald Delullo	NRMC, Guam
HM3 Cynthia Delullo	NRMC, Guam
HM2 Thomas Brewer	3rd Mar Div, Okinawa

## New Library Books

<b>Non-fiction</b>	Johnson, J. — Discovery book of crafts.
Larrick, Nancy — A parent's guide to children's reading.	Marcus, Griel — Mystery train: images of America in rock'n'roll music.
Quinn, Sally — We're going to make you a star.	King, William — Adventures in depth.
Lorayne, Harry — Remembering people: key to personal success.	Nurnberg, M. — What to name your baby.
Lazarus, Sy — Loud and clear: a guide to effective communication.	Cash, Johnny — Man in black; his own story.
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